

1. CIR./DIST./DIV. CODE MAX	2. PERSON REPRESENTED Davey, Francis	V. OTHER NUMBER		
3. MAG. DKT./DEF. NUMBER 1:04-000526-001	4. DIST. DKT./DEF. NUMBER	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER	
7. IN CASE/MATTER OF (Case Name) U.S. v. Davey	8. PAYMENT CATEGORY Other	9. TYPE PERSON REPRESENTED Adult Defendant	10. REPRESENTATION TYPE (See Instructions) Criminal Case	

11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense.

12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix)
AND MAILING ADDRESS

ANDREWS, MICHAEL C.
21 CUSTOM HOUSE ST.
SUITE 920
BOSTON MA 02110

Telephone Number: (617) 951-0072

14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)

13. COURT ORDER

- ☒ O Appointing Counsel ☐ C Co-Counsel
☐ F Subs For Federal Defender ☐ R Subs For Retained Attorney
☐ P Subs For Panel Attorney ☐ Y Standby Counsel

Prior Attorney's Name: _____

Appointment Date: _____

☐ Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or

☐ Other (See Instruction _____)

Signature of Presiding Judicial Officer or By Order of the Court

09/15/2004

Date of Order

Nunc Pro Tunc Date

Repayment or partial repayment ordered from the person represented for this service at time of appointment. ☐ YES ☐ NO

COPY

CLAIM FOR SERVICES AND EXPENSES			FOR COURT USE				
CATEGORIES (Attach itemization of services with dates)			HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
In Court	15.	a. Arraignment and/or Plea					
		b. Bail and Detention Hearings					
		c. Motion Hearings					
		d. Trial					
		e. Sentencing Hearings					
		f. Revocation Hearings					
		g. Appeals Court					
		h. Other (Specify on additional sheets)					
		(Rate per hour = \$) TOTALS:					
Out of Court	16.	a. Interviews and Conferences					
		b. Obtaining and reviewing records					
		c. Legal research and brief writing					
		d. Travel time					
		e. Investigative and Other work (Specify on additional sheets)					
	(Rate per hour = \$) TOTALS:						
17.	Travel Expenses (lodging, parking, meals, mileage, etc.)						
18.	Other Expenses (other than expert, transcripts, etc.)						
GRAND TOTALS:							

19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____	20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION	21. CASE DISPOSITION
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22. CLAIM STATUS ☐ Final Payment ☐ Interim Payment Number _____ ☐ Supplemental Payment
Have you previously applied to the court for compensation and/or reimbursement for this case? ☐ YES ☐ NO If yes, were you paid? ☐ YES ☐ NO
Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? ☐ YES ☐ NO If yes, give details on additional sheets.
I swear or affirm the truth or correctness of the above statements.

Signature of Attorney: _____

Date: _____

APPROVED FOR PAYMENT - COURT USE ONLY

23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR / CERT
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	28a. JUDGE / MAG. JUDGE CODE
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE	34a. JUDGE CODE